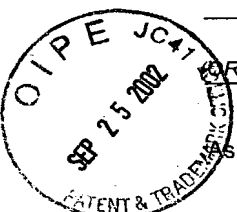


Practitioner's Docket No. U 013891-8



**COMBINED DECLARATION AND POWER OF ATTORNEY**

ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL, CONTINUATION, OR CIP)

I, a below named inventor, hereby declare that:

**TYPE OF DECLARATION**

This declaration is of the following type: (check one applicable item below)

- ☒ original  
☐ design  
☐ supplemental

**NOTE:** If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application, do not check next item; check appropriate one of last three items.

- ☐ national stage of PCT

**NOTE:** If one of the following 3 items apply, then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION, OR CIP.

- ☐ divisional  
☐ continuation  
☐ continuation-in-part (CIP)

**INVENTORSHIP IDENTIFICATION**

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**SPECIFICATION IDENTIFICATION**

the specification of which: (complete (a), (b) or (c)) (a) ☐ is attached hereto.

- b) ☒ was filed on **February 28, 2002** as ☒ Serial No. **10/086,184**  
or ☐ Express Mail No., as Serial No. not yet known, \_\_\_\_\_  
and was amended on \_\_\_\_\_ (if applicable).

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- (c) ☐ was described and claimed in PCT International Application No. \_\_\_\_\_ filed on \_\_\_\_\_ as amended under PCT Article 19 (1) on \_\_\_\_\_ (if any).

## ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code Federal Regulations § 1.56.

☐ In compliance with this duty there is attached an information disclosure statement 37CFR 1.97.

### PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign applications(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

(d) ☒ no such applications have been filed.

☐ such applications have been filed as follows.

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COUNTRY	APPLICATION NUMBER	DATE OF RUNG {day, month, year}	PRIORITY CLAIMED UNDER 37 USC 119
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
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As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Richard P. Berg, Reg. No. 28,145  
Mavis S. Gallenson, Reg. No. 32,464  
Kam C. Louie, Reg. No. 33,008 Ross A.  
Schmitt, Reg. No. 42,529

Victor Repkin, Reg. No. 45,039 John  
Palmer, Reg. No. 36,885 Peter D.  
Galloway, Reg. No. 27, 885 William R.  
Evans, Reg. No. 25, 858

(check the following item, if applicable)

☐ Attached as part of this declaration and power of attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO:

Richard P. Berg, Esq.  
c/o LAD AS & PARRY  
5670 Wilshire Boulevard, Suite 2100  
Los Angeles, California 90036-5679

DIRECT TELEPHONE CALLS TO:

(Name and telephone number)

Richard P. Berg (323)  
934-2300

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of sole or first inventor

Inventor's signature

POONAM SALOTRA

*Poonam*

Date 17 SEPTEMBER 2002 Country of Citizenship INDIA  
Residence C145, Sarvodaya Enclave, New Delhi 110017, India.

Post Office Address: (same as residence)

Full name of second inventor

Inventor's signature

SREENIVAS G

*Sreenivas G*

Date 17 SEPTEMBER 2002 Country of Citizenship INDIA  
Residence C145, Sarvodaya Enclave, New Delhi 110017, India.

Post Office Address (same as residence)

Full name of third inventor, if any : **GREGORY P POGUE**

Inventor's Signature \_\_\_\_\_

Date

Country of Citizenship

USA

Residence : 419 Trillick Ct, Vacaville, CA 95688. USA

Post Office Address: (same as residence)

Full name of fourth inventor, if any : **HIRALAL NAKHASI**

Inventor's Signature \_\_\_\_\_

Date

Country of Citizenship

USA

Residence: 8504 Potomac School Terrace, Potomac MD 20854. USA

Post Office Address: (same as residence)

Full name of fifth inventor, if any :

Inventor's Signature \_\_\_\_\_

Date

Country of Citizenship

Residence:

Post Office Address: (same as residence)

**CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED PAGES(S) WHICH FORM A PART  
OF THIS DECLARATION**

☐ Signature for third and subsequent joint inventors. *Number of pages added* \_\_\_\_

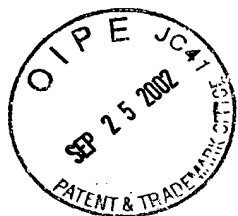
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(Declaration and Power of Attorney – Page 4 of 4)

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**SEND CORRESPONDENCE TO:**

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5670 Wilshire Boulevard, Suite 2100  
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**SIGNATURE(S)**

Full name of sole or first inventor

Poonam Salotra

Inventor's signature \_\_\_\_\_

Date

Country of Citizenship INDIA

Residence Indian Council of Medical Research, Ansari Nagar, Post Box 4911 New Delhi-110029, India

Post Office Address: (same as residence)

Full name of second inventor

Sreenivas G

Inventor's signature \_\_\_\_\_

Date

Country of Citizenship INDIA

Residence Indian Council of Medical Research, Ansari Nagar, Post Box 4911 New Delhi-110029, India

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Full name of third inventor, if any : GREGORY P POGUE

Inventor's Signature \_\_\_\_\_

Date \_\_\_\_\_

Country of Citizenship

USA

Residence : 419 Trillick Ct, Vacaville, CA 95688. USA

Post Office Address : (same as residence)

Full name of fourth inventor, if any :

HIRAEAL NAKHASI

Inventor's Signature \_\_\_\_\_

Date

9/18/02

Country of Citizenship

USA

Residence: 8504 Potomac School Terrace, Potomac MD 20854. USA

Post Office Address : (same as residence)

Full name of fifth inventor, if any :

Inventor's Signature \_\_\_\_\_

Date \_\_\_\_\_

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Residence:

Post Office Address : (same as residence)

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] Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. Number of pages added \_\_\_\_

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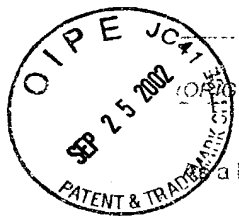
[ x ] This declaration ends with this page.

(Declaration and Power of Attorney - Page 4 of 4)



PATENT

Practitioner's Docket No. U 013891-8



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	(Name and telephone number)
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## SIGNATURE(S)

Full name of sole or first inventor

POONAM SALOTRA

Inventor's signature

Date \_\_\_\_\_ Country of Citizenship INDIA  
 Residence C145, Sarvodaya Enclave, New Delhi 110017, India

Post Office Address (same as residence)

Full name of second inventor

SREENIVAS G

Inventor's signature

Date \_\_\_\_\_ Country of Citizenship INDIA  
 Residence C145, Sarvodaya Enclave, New Delhi 110017, India.

Post Office Address (same as residence)

Full name of third inventor, if any

GREGORY P POGUE

Inventor's Signature

Date September 24, 2002

Country of Citizenship

USA

Residence: 419 Trillick Ct, Vacaville, CA 95688, USA

Post Office Address: (same as residence)

Full name of fourth inventor, if any

HIRALAL NAKHASI

Inventor's Signature

Date:

Country of Citizenship

USA

Residence: 8504 Potomac School Terrace, Potomac MD 20854, USA

Post Office Address: (same as residence)

Full name of fifth inventor, if any

Inventor's Signature

Date:

Country of Citizenship

Residence:

Post Office Address: (same as residence)

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